

BEST AVAILABLE COPY

CLAIMS ONLY							Application Number <i>10/796601</i>		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1			/				51				
2				/			52		/	/	
3				/			53		/	/	
4				/			54		/	/	
5				/			55		/	/	
6				/			56		/	/	
7				/			57		/	/	
8				/			58		/	/	
9				/			59		/	/	
10				/			60		/	/	
11				/			61		/	/	
12				/			62		/	/	
13				/			63		/	/	
14				/			64		/	/	
15				/			65		/	/	
16				/			66		/	/	
17				/			67		/	/	
18				/			68		/	/	
19				/			69		/	/	
20				/			70		/	/	
21				/			71		/	/	
22				/			72		/	/	
23				/			73		/	/	
24				/			74		/	/	
25				/			75		/	/	
26				/			76		/	/	
27				/			77		/	/	
28				/			78		/	/	
29				/			79		/	/	
30				/			80		/	/	
31				/			81		/	/	
32				/			82		/	/	
33				/			83		/	/	
34				/			84		/	/	
35				/			85		/	/	
36				/			86		/	/	
37				/			87		/	/	
38				/			88		/	/	
39				/			89		/	/	
40				/			90		/	/	
41				/			91		/	/	
42				/			92		/	/	
43				/			93		/	/	
44				/			94		/	/	
45				/			95		/	/	
46				/			96		/	/	
47				/			97		/	/	
48				/			98		/	/	
49				/			99		/	/	
50				/			100		/	/	
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				